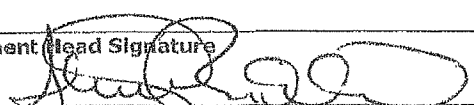


University Hospitals Health System

Corrective Action Form

I. EMPLOYEE DATA	Use this form to record events which reflect the employee's behavior in the performance of work/job related situations. Use to provide information regarding personal actions and to document notice of corrective actions being taken.		
	Employee's First Name Victoria	Middle Initial	Employee's Last Name Johnson
	Position Provider Enrollment Specialist	Department Billing Services	
II. PURPOSE	Purpose of Report (Check One) <input type="checkbox"/> Confirmation of Counseling <input type="checkbox"/> Warning <input type="checkbox"/> Final Warning/Suspension <input checked="" type="checkbox"/> Discharge		
III. EVENT AND CIRCUMSTANCES	Date(s) of Event Oct 8, 2012 Describe the Circumstances Victoria's refusal to perform assigned work or comply with the directives of managers.		
III. ACTION TAKEN	Action Taken Victoria's actions are in violation of UH Policy HR 72 Corrective Action Policy, specifically Attachment B, #9-Refusal to perform assigned work or comply with the directives of managers. Victoria is being discharged effective today, October 8, 2012. A copy of HR 72 attached.		
IV. EMPLOYEE COMMENTS	Employee's Comments		
V. SIGNATURE OF ACKNOWLEDGEMENT	I have read this report, and have been given an opportunity to comment. My signature acknowledges that I have read and received a copy of this report.		
	Employee Signature	Date	
	Department Head Signature	Date	
		10/8/12	

EXHIBIT

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Last Revised Date 06/08/2006

UHPS-Johnson 1004